

**K-12 Reopening Grant
Family Reimbursement Request Form**

Name of Requestor:

Date of Request:

Mailing Address:

City:

State:

Zip Code:

Email Address:

Phone:

Reimbursement requested for (select all that apply):

Hotel/short-term lodging
(itemized receipt required)

Groceries

Laundry Services
(itemized receipt required)

Description of Service: *Brief description of reimbursement requested, amounts, and the number of days.*

When was your family impacted by COVID-19? *Please provide dates or a time frame.*

Limitations/Restrictions: Each support service may be requested by individual households once per school year.

- Hotel reimbursement limited to \$155 a night for up to 14 nights.
- Grocery reimbursement/gift card limited to \$100.
- Laundry services limited to \$25 per service for up to four services in a two-week period.

Itemized Receipt: Requests for reimbursement for lodging, grocery, and laundry services require an itemized receipt. Requests for a grocery gift card does not require an itemized receipt. Additional documentation may be requested to complete reimbursement.

Attestation:

- I attest that myself or someone in my family tested positive for COVID-19.
- I attest that someone in my family is a K-12 student in Coconino County.

Signature

Please submit this completed form to Jesse Sharber at jesse.sharber@azblue.com. If you need assistance or have questions, please contact Jesse Sharber jesse.sharber@azblue.com or call 928-214-2287.